Oncology Care and New Payment Models

NCCS Roundtable
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Meaningful health care reform must reward physicians and hospitals for improving quality and managing costs

Current payment reform initiatives

- Paying for clinical quality and outcomes
- Centers of Excellence
- Patient-Centered Medical Home
- Accountable Care Organizations
- Bundled payments

Payment reform considerations

- Encourage evidence-based medicine and care coordination
- Enable a value-based physician-patient dialog
- A combination of models is most likely to succeed
- Do not perpetuate cost-shifting amongst payers
### Q-HIP™ Hospital Pay-for-Performance rewards quality, safety, outcomes, and patient satisfaction

#### Patient Safety Section
(35% of total Q-HIP® Score)

- Joint Commission National Patient Safety Goals
- Computerized Physician Order Entry (CPOE) System
- ICU Physician Staffing (IPS) Standards
- NQF Recommended Safe Practices
- IHI 5 Million Lives Campaign – ADE Medication Reconciliation and WHO Surgical Safety Checklist
- CDC/APIC Flu and Pneumonia Vaccine Guidelines
- NQF Perinatal Measures

#### Member Satisfaction Section
(10% of Total Q-HIP® Score)

- H-CAHPS Survey Results

#### Patient Health Outcomes Section
(55% of total Q-HIP® Score)

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<th>PCI Indicators</th>
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<td>• 5 ACC-NCDR/Indicators for Cardiac Catheterization/PCI</td>
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<th>Joint Commission / CMS National Hospital Quality Measures</th>
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<td>• Acute Myocardial Infarction (AMI) Indicators</td>
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<td>• Heart Failure (HF) Indicators</td>
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<td>• Pneumonia (PN) Indicators</td>
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<td>• Surgical Care Improvement Project (SCIP)</td>
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<th>NSC Indicators</th>
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<td>• 4 JC/NQF Nursing Sensitive Care Indicators</td>
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<th>CABG Indicators</th>
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<td>• 5 STS Coronary Artery Bypass Graft (CABG) Measures</td>
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Establishment, monitoring, and reporting of hospital quality metrics demonstrates improved performance and reduced complications.
Blue Distinction Centers of Excellence

- Improved quality through outcome metrics
- Reduced complications
- Programs
  - Transplant
  - Bariatric Surgery
  - Cardiac Surgery
  - Rare Complex Cancer
  - Orthopedics: Lower Back Pain
  - Spine, Hip, and Knee Surgery

Qualified facilities demonstrate $4K - $9K lower costs per event
Blue Distinction Centers for Complex and Rare Cancers

Launched in March 2008 in collaboration with National Comprehensive Cancer Network and developed with expert panel

The first phase of Blue Distinction Centers for cancer care focuses on complex and rare cancers

- **Rare cancers** occur so infrequently that most general oncologists and surgeons see very few of these patients throughout their careers, whereas experts practicing at cancer centers focused on the treatment of rare cancers often see significantly more of these patients.

- **Complex cancers** involve complicated surgical procedures, requiring very specific skills and/or facilities, and benefit from an integrated treatment approach.
Version 1
2007/2008
Pancreatic cancer
Esophageal cancer
Gastric cancer
Liver cancer – primary
Rectal cancer
Bladder cancer
Brain cancer – primary
Head and neck cancers
Bone cancer – primary
Soft tissue sarcoma
Ocular melanoma
Thyroid cancer (medullary or anaplastic)
Acute leukemia (inpatient, non-surgical)

Focus primarily on complex surgical treatments (w/ exception of acute leukemia)

Version 2
Redesign for 2011
Pancreatic cancer
Esophageal cancer
Gastric cancer
Liver cancer – primary
Rectal cancer
Anal cancer
Bladder cancer
Central nervous system cancer
Head and neck cancer
Bone cancer – primary
Soft tissue sarcoma

Focus expanded to complex cases involving complex surgical, radiosurgical, chemoradiation, and interventional treatments
Complex and Rare Cancers (CRC): RFI Structure for Redesign

General Criteria for all BD programs (i.e. IHI, Leapfrog, Patient Safety initiatives, AAMC, etc.)

Core Cancer System of Care components

Respondents: Cancer Facility is anticipated to be primary respondent

Potential Overarching CRC type questions

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<th>Gastric</th>
<th>Pancreas</th>
<th>Liver</th>
<th>Rectal</th>
<th>Anal</th>
<th>Bladder</th>
<th>Central Nervous System</th>
<th>Bone</th>
<th>Soft Tissue</th>
<th>Head and Neck</th>
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Responsible Party

- BCBSA

Core Panel

CRC Panel
As Blue Distinction programs evolve, and evidence-based and clinical outcome measures become more robust, selection criteria increasingly emphasize outcome measures.
“In caring for his or her own primary and nonprimary patients during a single year, each primary care physician potentially must coordinate with a large number of individual physician colleagues who also provide care to these patients.”

Possible Solution:
*Coordinated Cancer “Systems of Care”*

Multidisciplinary, evidence-based evaluation and treatment for cancer that supports patient-centered and coordinated care including palliative, survivorship, and end-of-life care.
For major, acute, complex conditions like cancer care, communication is important between *coordinated systems*.
Important Care Gaps Exist Across Systems of Care

Three requirements most commonly missed

- Only 28% provide a written interdisciplinary treatment plan to patients.
- Only 28% can state that all radiation oncology facilities within the SoC are accredited by the joint Radiation Oncology Practice Accreditation Program of ACR and ASTRO.
- Only 44% can state that every medical oncology practice within the SoC participates in ASCO’s Quality Oncology Practice Initiative (QOPI).
New Care and Reimbursement Models: Patient-Centered Medical Home

Payment Methodology

FFS

Prospective Payment

NCQA’s PPC Recognition:
- Care Coordination
- Process Redesign
- HIT
- Evaluate Levels of Achievement

Pay For Quality

Clinical Process and Outcomes

Resource Use/ Cost of Care

Satisfaction

Pre-Assessment of Practice Readiness

Support from ACP, AAFP and AAP
WellPoint PCMH Pilots

**Colorado:**
Convener: Health Team Works

**Maine:**
Convener: Quality Counts

**New Hampshire:**
Convener: NH Citizen’s Initiative

**New York:**
Convener: THINC RHIO (Hudson Valley)
Convener: Hudson Headwaters (Adirondacks)
Convener: EMPIRE (New York City)

**Ohio:**
Convener: Greater Cincinnati Health Improvement Collaborative
Convener: Access Health - Columbus

**Wisconsin:**
Convener: State of Wisconsin Medicaid Program

**Connecticut:**
Convener: State of Connecticut Employer Group

**California:**
Convener: Multiple
Improved quality and decreased spending growth results in shared savings for provider

- Changes from volume to value-based reimbursement
- Delivery system collaboration to manage continuum of patient care
- Shared savings for costs below benchmarks of historical data
- Performance measurement on quality, outcomes, and patient-experience
Definition:
• Provide a single payment for a specified “bundle of care,” typically including a procedure, standard follow-up care, and services necessary to treat complications

Goal:
• Remove adverse FFS incentives – provide outcomes based payment to do the right thing for the patient while preventing overuse or underuse of services

Focus:
• High cost, high volume procedures
• First program: Total Knee Replacement
An ideal “bundle” should:

- Target a common and costly procedure
- Cover essential clinical items and services
- Improve quality of care
- Provide a financial incentive to reduce unnecessary care
- Yield a “win-win-win” outcome for WellPoint, providers and members
- Be simple enough to administer effectively
- Appear seamless to policy holders
What’s In/ What’s Out

Index Hospitalization

- All Services During Index Hospitalization

Services in the Bundle

Readmissions within 90 days

- Readmission for Rehab or Physical Therapy
- Readmission for Direct Complications of TKR or Osteoarthritis (e.g., Surgical Revision)
- Readmission for Secondary Complications of TKR (e.g., Decubitus Ulcer or Pulmonary Embolus)
- Readmission for Other Medical Conditions (e.g., Acute MI)

SEPARATELY BILLABLE

Services Separately Billable

Outpatient Services within 90 days

- Outpatient or Home Rehab, Physical Therapy or Durable Medical Equipment
- Services Related to Routine Post-Discharge Management or Management of Direct Complications of TKR or Osteoarthritis (e.g., Wound Infection)

SEPARATELY BILLABLE

- All Other Outpatient Services
Promoting health care quality, safety, and affordability through evidence-based care

Determine “what works” in health care

Develop integrated, incentive-based benefit designs

Promote value-based decisions through information and education

Create quality metrics and value-based networks; coupled to innovative payment models.